

**SIGN AND RETURN THIS PAGE TO CIRM**

I. AWARD DATA:

AWARD DETAIL (U.S. Dollars):

	Year 1	Year 2	Year 3	Year 4	Year 5
<b><u>Direct Project Costs</u></b>					
Personnel (Non -Trainee) Costs	\$194,701	\$203,012	\$210,000	\$210,000	\$210,000
Trainee Costs	\$78,632	\$81,416	\$85,000	\$85,000	\$85,000
Travel	\$2,000	\$2,060	\$2,200	\$2,200	\$2,200
Supplies	\$124,667	\$113,512	\$102,800	\$102,800	\$102,800
Equipment	-	-	-	-	-
Consultants/Subcontracts	-	-	-	-	-
<b>Total Project Costs</b>	<b>\$400,000</b>	<b>\$400,000</b>	<b>\$400,000</b>	<b>\$400,000</b>	<b>\$400,000</b>
<b><u>Facilities Costs</u></b>					
Facilities Costs	\$113,179	\$113,133	\$113,084	\$113,084	\$113,084
<b><u>Indirect Costs</u></b>					
Indirect Costs	\$102,060	\$102,018	\$101,974	\$101,974	\$101,974
<b>APPROVED BUDGET TOTAL</b>	<b>\$615,239</b>	<b>\$615,151</b>	<b>\$615,058</b>	<b>\$615,058</b>	<b>\$615,058</b>

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California Institute for Regenerative Medicine ANNUAL FINANCIAL REPORT				
CIRM Grant Number: EXP-00000		Institution: University of Stem Cells		
Reporting Period: 05/01/2009-04/30/2010		PI: Scientist		
Note: All yellow fields are calculated values. Do not enter a value in the field.				
<b>I. Working Budget for Reporting Period</b>				
	A	B	C	D (A+B+C)
BUDGET CATEGORIES	Approved Budget for Reporting Period	Carry Forward from Prior Reporting Period	Changes to Budget for Reporting Period	Working Budget for Reporting Period
Personnel/Trainee Costs	\$273,333		(\$5,237)	\$268,096
Travel	\$2,000		\$237	\$2,237
Supplies	\$124,667		\$5,000	\$129,667
Equipment	\$0			\$0
Consultants/Subcontracts	\$0			\$0
Facilities Costs	\$113,179			\$113,179
Indirect Costs	\$102,060			\$102,060
<b>TOTAL</b>	<b>\$615,239</b>	<b>\$0</b>	<b>\$0</b>	<b>\$615,239</b>
<b>II. Report on Expenditures in Reporting Period</b>				
	D	E	F (D-E)	
BUDGET CATEGORIES	Working Budget	Actual Expenditures	Total Carry Forward	
Personnel/Trainee Costs	\$268,096	\$262,400	\$5,696	
Travel	\$2,237	\$2,237	\$0	
Supplies	\$129,667	\$128,598	\$1,069	
Equipment	\$0	\$0	\$0	
Consultants/Subcontracts	\$0	\$0	\$0	
Facilities Costs	\$113,179	\$111,251	\$1,928	
Indirect Costs	\$102,060	\$100,321	\$1,739	
<b>TOTAL</b>	<b>\$615,239</b>	<b>\$604,807</b>	<b>\$10,432</b>	
<b>Unobligated Balance as Percent of Budget:</b>			<b>2%</b>	
<p>If unobligated balance is &gt; 25%, submit Prior Approval Request Form to CIRM.</p>				
<p>ANY UNOBLIGATED BALANCE REPORTED IN THE FINAL BUDGET PERIOD MUST BE RETURNED TO CIRM AS FUNDS NOT EXPENDED AGAINST THIS AWARD.</p>				
<b>CERTIFICATION</b>				
<p>I certify that this report is true and correct and all expenditures reported herein have been made in accordance with the terms and conditions of this grant, that to the extent interest was earned in the reporting period, it was reinvested in this particular CIRM grant program, and that all expenditures reported herein are properly reflected in the grantee's accounting records.</p>				
AOO NAME		AOO EMAIL		
AOO SIGNATURE				Date

California Institute for Regenerative Medicine ANNUAL FINANCIAL REPORT				
CIRM Grant Number: EXP-00000		Institution: University of Stem Cells		
Reporting Period: 05/01/2010-04/30/2011		PI: Scientist		
Note: All yellow fields are calculated values. Do not enter a value in the field.				
<b>I. Working Budget for Reporting Period</b>				
	A	B	C	D (A+B+C)
BUDGET CATEGORIES	Approved Budget for Reporting Period	Carry Forward from Prior Reporting Period	Changes to Budget for Reporting Period	Working Budget for Reporting Period
Personnel/Trainee Costs	\$284,428	\$5,696		\$290,124
Travel	\$2,060	\$0		\$2,060
Supplies	\$113,512	\$1,069		\$114,581
Equipment	\$0	\$0		\$0
Consultants/Subcontracts	\$0	\$0		\$0
Facilities Costs	\$113,133	\$1,928		\$115,061
Indirect Costs	\$102,018	\$1,739		\$103,757
<b>TOTAL</b>	<b>\$615,151</b>	<b>\$10,432</b>	<b>\$0</b>	<b>\$625,583</b>
<b>II. Report on Expenditures in Reporting Period</b>				
	D	E	F (D-E)	
BUDGET CATEGORIES	Working Budget	Actual Expenditures	Total Carry Forward	
Personnel/Trainee Costs	\$290,124	\$248,369	\$41,755	
Travel	\$2,060	\$2,014	\$46	
Supplies	\$114,581	\$128,598	-\$14,017	
Equipment	\$0	\$0	\$0	
Consultants/Subcontracts	\$0	\$0	\$0	
Facilities Costs	\$115,061	\$112,963	\$2,098	
Indirect Costs	\$103,757	\$101,865	\$1,892	
<b>TOTAL</b>	<b>\$625,583</b>	<b>\$593,809</b>	<b>\$31,774</b>	
<b>Unobligated Balance as Percent of Budget:</b>			<b>5%</b>	
<p>If unobligated balance is &gt; 25%, submit Prior Approval Request Form to CIRM.</p>				
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<b>CERTIFICATION</b>				
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AOO NAME		AOO EMAIL		
AOO SIGNATURE				Date